



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org*

January 23, 2009

Ms. Carolena Bentley  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
McNeely Lake WTP; KPDES No.: KY0029416  
Discharge Monitoring Reports – December 2008.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of December 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

John Kessel  
Process Supervisor West Operations

JMK/McNeely 1208

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids  
www.louisvillegreen.com*

NAME: MCNEELY LAKE SUBD STP MSD  
 ADDRESS: C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY: MCNEELY LAKE SUBD STP MSD  
 LOCATION: LOUISVILLE KY  
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029416  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL JEFFE  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE 1-1-81 \*\*\*  
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	01		08	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	*****	*****			7	*****	*****	( 19 )	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
PH	*****	*****			6.5	*****	6.9	( 12 )	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	( 26 )		*****	4	6	( 19 )	0	1/7	Comp
00500 3 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51	103	LBS/DY	*****	30	50			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26 )		*****	1	2	( 19 )	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17	34	LBS/DY	*****	10	20			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	2.4	3.9	( 19 )	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	( 03 )		*****	*****	*****		0	1/7	1/7
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	<0.010	<0.010	( 19 )	0	1/7	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Exec Dir H.J. Sch... Jr TYPED OR PRINTED			502 540 666	07	01	27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME MCNEELY LAKE SUBD STP MSD

ADDRESS C/O CEDAR CREEK STP

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY MCNEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE

KY

ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

KV0029416  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

Form Approved.  
OMB No. 2040-0004

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	12	01	00	12	31

FROM

TO

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1	1	( 13)	0	1/3	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 200 80062 1 0 0	PERMIT REQUIREMENT	6	8	( 25)	*****	30DA GED	7 DA GED	100ML	0	1/3	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	26	51		*****	15	30			WEEKLY	COMPOSE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

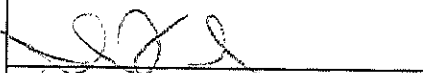
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H.J. Schade Jr

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	541-6000	09	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

